

# **PART B - FEE(S) TRANSMITTAL**

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<b>Patricia A. Heim</b>	(Depositor's name)
<i>Patricia A. Heim</i>	(Signature)
<i>June 4 2008</i>	(Date)

<b>APPLICATION NO.</b>	<b>FILING DATE</b>	<b>FIRST NAMED INVENTOR</b>	<b>ATTORNEY DOCKET NO.</b>	<b>CONFIRMATION NO.</b>
10/553,771	06/23/2006	Joern Borgert	PHDE030125US	7741

**TITLE OF INVENTION:** MULTISCALE LOCALIZATION PROCEDURE

<b>APPLN. TYPE</b>	<b>SMALL ENTITY</b>	<b>ISSUE FEE DUE</b>	<b>PUBLICATION FEE DUE</b>	<b>PREV. PAID ISSUE FEE</b>	<b>TOTAL FEE(S) DUE</b>	<b>DATE DUE</b>
nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/02/2008

<b>EXAMINER</b>	<b>ART UNIT</b>	<b>CLASS-SUBCLASS</b>
WHITTINGTON, KENNETH	2862	324-207150

**1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).**

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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**2. For printing on the patent from page, list**

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, \_\_\_\_\_ 1
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- (3) \_\_\_\_\_ 3

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

**Koninklijke Philips Electronics N.V. Eindhoven, The Netherlands**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

**4a. The following fee(s) are submitted:**

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☐ A check is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1370 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

- ☐ a. Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(g)(2).

**NOTE:** The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

**Authorized Signature** *Douglas B. McKnight*  
**Typed or printed name** Douglas B. McKnight

**Date** 6/3/08  
**Registration No.** 50,447

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